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CONFIRMATION NO. 2220

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|--|---|------------------------------------|---|---|
| SERIAL NUMBER 10/714,526 | FILING OR 371(c) DATE 11/14/2003 RULE | CLASS 600 | GROUP ART UNIT 3768 | ATTORNEY DOCKET NO. MASIMO.377A |
| APPLICANTS Massi E. Kiani, Laguna Niguel, CA; Mohamed Diab, Mission Viejo, CA; Ammar Al-Ali, Tustin, CA; Walter M. Weber, Laguna Hills, CA; | | | | |
| ** CONTINUING DATA ***** This application is a CIP of 10/671,179 09/25/2003 which claims benefit of 60/413,494 09/25/2002 This application 10/714,526 claims benefit of 60/426,638 11/16/2002 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/23/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Allowance</u> Acknowledged <u>Examiner's Signature</u> <u>Initials</u> | | STATE OR COUNTRY CA | SHEETS DRAWING 19 | TOTAL CLAIMS 24 |
| | | INDEPENDENT CLAIMS 3 | | |
| ADDRESS 20995 | | | | |
| TITLE Parameter compensated physiological monitor | | | | |
| FILING FEE RECEIVED 2172 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |